

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____	FILING DATE _____					
							APPLICANT(S) _____						
CLAIMS													
	IT.	AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
		DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
3							53						
4							54						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.		↓		↓		↓		TOTAL DEP.		↓		↓	
TOTAL CLAIMS								TOTAL CLAIMS					